UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/13
8 February 1996

ORIGINAL: English

Second regular session 1996
25-29 March 1996, New York
Item 3 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REQUEST FOR EXTENSION OF, AND ADDITIONAL RESOURCES FOR, THE UNFPA COUNTRY PROGRAMME FOR CUBA

Report of the Executive Director

I BACKGROUND

1. As a result of the length of time needed to implement programme activities, the fourth comprehensive population programme for Cuba, originally approved for five years, 1990-1994, was extended by one year until the end of 1995. By the end of 1995, $700,000 more than the originally approved amount of $4 million had been spent on the programme.

2. UNFPA recommends and requests that the fourth comprehensive population programme for Cuba be extended for one more year, until the end of 1996, in order to harmonize the programme cycle with those of UNDP and UNICEF. The Fund requests an additional amount of $2.2 million, as detailed below, to carry out programme activities during 1996. The funding authority for the programme (1990-1996) would thus total $6.9 million, all from UNFPA regular resources.

3. The request for the extension and additional programme funds is presented according to UNFPA's new programme priority areas: (a) reproductive health, including family planning and sexual health (hereafter referred to as reproductive health); (b) population and development strategies; and (c) advocacy. There would also be funding for an additional sector called "multisectoral activities". The proposed programme strategies for 1996 take into consideration the

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Programme of Action of the ICPD, which is fully endorsed by the Government of Cuba. The strategies are also in accordance with the recommendations made by the programme review mission that was carried out in May 1995. The programme extension is planned to lead into the fifth country programme (1997-2001). The proposed programme will be presented to the Executive Board in early 1997.

4. The increased funding authority is essential to achieve the following three objectives: (a) to reduce the incidence of unwanted pregnancies and pregnancy interruptions; (b) to improve socio-demographic data collection, analysis and use; and (c) to increase and improve information, education and communication (IEC) activities targeted at youth and focusing on sexual and reproductive health and family planning. The primary focus of the programme extension will be on reducing the high rate of adolescent pregnancies and the associated high incidence of abortion. The programme review mission concluded that these areas had not been adequately tackled during the period of programme implementation to date because of a lack of adequate reproductive health information and counselling services and the lack of population development planning due to weak information systems.

5. Cuba has good demographic, health and educational indicators for a developing country. However, these indicators have been worsening as a result of an acute economic crisis, stemming from the abrupt rupture of Cuba's link with its former trading partners. This has been aggravated by a tightening of the trade embargo by the United States. For example, the maternal mortality rate has shown a negative trend: in 1994 it rose to levels not seen since the beginning of the 1980s (44.1 per 100,000 live births). Likewise, the infant mortality rate in 1994 (9.9 per 1,000 live births) was higher than in 1993 (9.4 per 1,000). Also, the incidence of sexually transmitted diseases (STDs) and pregnancy interruptions (abortion and menstrual regulation) has increased because of the shortage of contraceptive supplies, due to the Government's lack of hard currency.

II. STATUS OF PROGRAMME IMPLEMENTATION

6. The programme review concluded that the objectives of the fourth country programme have not been achieved, because of: (a) the acute economic crisis; (b) delays in programme implementation; (c) lack of programme focus and weak coordination among projects; (d) deterioration of primary and secondary health care systems; (e) scarcity of contraceptives; (f) the increase in the number of pregnancy interruptions; (g) weak IEC in the health sector; and (h) low levels of participation by adolescents in IEC activities. The extension of the programme with increased funding will provide the opportunity to reach some of the original goals. The programme funds originally approved in 1989 have proven to be insufficient in light of the shortage of contraceptives and the deterioration in the primary health care system, neither of which were foreseen when the programme was first proposed.

Reproductive health

7. In accordance with the ICPD Programme of Action, steps have been initiated to reorient the maternal and child health and family planning (MCH/FP) programme towards that of a reproductive health programme, which would include *inter alia* dealing with counseling and service delivery for family planning, the prevention of STDs and the promotion of sexual health.

8. The programme's sectoral objective has been to decrease the number of unwanted pregnancies through the provision of MCH/FP services that were targeted at high-risk groups. Although the objective has not been fully accomplished, there have been several noteworthy achievements. Forty reproductive health referral centres for family doctors and nurses have been established. Reproductive health services are now available to almost all women of reproductive age. The capacity for providing reproductive health services has been increased by training 600 family doctors and nurses to serve as trainers for their colleagues so that their skills can be passed on. Service-delivery structures have been reorganized to provide better reproductive health care for high-risk women. The programme has promoted greater knowledge of contraception among adolescents. Progress has been made in the construction of an oral contraceptive production plant. Research studies have been carried out on the sociocultural determinants of abortion, sexual behaviour, the knowledge and use of family planning methods and on the prevention of STDs and HIV/AIDS.

9. Several constraints have impeded achieving these sectoral objectives. The most critical has been the shortage of contraceptives, resulting in a decline in the number of users and the corresponding increase in unwanted pregnancies, and pregnancy interruptions. Primary- and secondary-level health care has deteriorated because of the reduction of national resources for health and the lack of medical supplies. In addition, IEC activities have been inadequate, as have reproductive health counselling services, especially for adolescents.

10. The increased funding authority of $1.2 million in 1996 would be used to: (a) complete the oral contraceptive production plant; (b) diversify the provision of contraceptives to meet existing demand; (c) provide adequate reproductive health services and counselling for adolescents; (d) reinforce reproductive health IEC activities in primary health care services; (e) strengthen the reproductive health referral centres; and (f) promote male responsibility in the area of reproductive health. With the completion of the oral contraceptive plant, Cuba will become self-sufficient in oral contraceptives. The programme extension would help the Government prepare for the implementation of a comprehensive reproductive health programme starting in 1997.

Population and development strategies

11. There have been two main sectoral objectives in the area of population and development strategies. The first was to establish a national integrated information system disaggregated by

subregion and gender and to incorporate such data into development programmes so that they respond to local needs. The second was to achieve an improved population distribution, taking into account regional socio-economic development, by proposing recommendations for regional population distribution policies. Activities designed to achieve these sectoral objectives have only recently been initiated.

12. Achievements to date have been to: (a) prepare an integrated statistical system, (b) carry out statistical analysis with a gender perspective; (c) conduct research studies on the structure and dynamics of human settlements; (d) increase capacity to carry out population surveys; and (e) develop and improve various national information systems and centres. All of these achievements have been constrained by the lack of updated socio-economic information, much of which dates from 1989 or earlier. No population census was carried out in the 1990s because of the lack of national resources. The kind of data needed by users have not been generated because of weak coordination between data producers and users. Statistical information has been generated and analysed without a gender perspective.

13. Additional funds estimated at $400,000 are required for 1996 in order to continue to strengthen the national capacity to carry out socio-demographic analysis for development planning as well as to make that information current by updating the sample framework and by conducting surveys and research studies. This will be achieved by promoting greater intersectoral distribution of statistical information and research results by improving the coordination of the organizations involved, such as the Ministry of Public Health's Statistical Department, the National Statistics Institute and the Physical Planning Institute, and by defining more clearly the relationship between users and producers of statistical information. Other goals include promoting new research focusing on the impact of the economic crisis on socio-demographic variables, emphasizing the relationship between different productive sectors and migration, and incorporating gender concerns into spatial distribution research studies.

Advocacy

14. The sectoral objective in the area of advocacy has been to improve IEC activities directed to men and women to enhance their ability to regulate fertility in a responsible way, focusing attention on high-risk groups. The principle achievements have been the development of sex education training for trainers and the provision of such education to students and the design, validation and dissemination of messages on safe sexual behaviour and responsible parenthood through such informal channels as television and radio.

15. The constraints the programme has faced included the lack of coordination between IEC activities and the health sector, which has caused a discrepancy between the reproductive health services and contraceptives offered versus those that were being requested. The mass media messages

that were developed were of low quality, and they were not broadcast by the main mass communication channel. In addition, the country's decision makers gave a low priority to reproductive health issues, specifically the lack of contraceptive availability.

16. An additional budget of $500,000 is required for 1996 to increase and improve IEC activities in the area of reproductive health targeted especially at adolescents. The following seven strategies would be carried out: (a) improving coordination between the health and IEC sectors to maintain a balance between the reproductive health services and contraceptives offered and those demanded; (b) focusing IEC and advocacy activities on promoting the reproductive and sexual health of adolescents; (c) strengthening IEC components in public health programmes by training health educators in counselling on reproductive health; (d) improving IEC messages and channels by providing coordination and by promoting more attractive messages; (e) strengthening the population education programme, covering all educational levels and teacher's schools, taking advantage of the universal nature of formal education in Cuba; (f) initiating campaigns to sensitize high-level government personnel and decision makers on population issues; and (g) incorporating advocacy components in all activities, targeting high-level government personnel and Parliamentarians.

Multisectoral activities

17. The programme reserve approved under the fourth country programme was used to carry out multisectoral activities, such as formulating projects, identifying programme strategies, reviewing and evaluating the programme and carrying out IEC activities. Additional funds of $100,000 are requested to identify new programme strategies, develop a new programme for the period 1997-2000, assist in the formulation of new projects and strengthen the management of the programme.

Programme coordination and monitoring and evaluation

18. The programme would be coordinated and monitored by the International Economics Direction of the Ministry of Foreign Investment and Economic Collaboration (MINVEC) and UNFPA's Cuba field office. UNFPA activities would be monitored and evaluated according to standard UNFPA guidelines.

Financial summary

19. UNFPA proposes to extend the Cuba country programme through 1996 and to increase the funding approval authority for the programme by $2.2 million from UNFPA regular resources. The following table shows how the additional funds would be accommodated by programme area.

Sector as approved by Governing Council	Resource distribution as approved by the Governing Council 1989 ($)	New sectors	Resource distribution in new sectors ($)	Total expenditures (1990-1995) ($)	Proposed increased funding approval authority for 1996 ($)	Total ($)
MCH/FP	2,000,000	Reproductive health	2,000,000	3,400,000	1,200,000	4,600,000
IEC	1,000,000	Advocacy	1,000,000	400,000	500,000	900,000
Population policy formulation	500,000	Population & development strategies	900,000	800,000	400,000	1,200,000
Data collection and analysis	400,000					
Programme reserve	100,000	Multisectoral activities	100,000	100,000	100,000	200,000
Total	4,000,000		4,000,000	4,700,000	2,200,000	6,900,000

III. RECOMMENDATION

20. The Executive Director recommends that the Executive Board approve the extension of the Cuba country programme through 1996 and that it approve an additional funding of $2.2 million, as detailed in the attached table, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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